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Acute Hepatitis

by

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of

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When we contemplate the structure and admirable formation of the human body, the exquisite delicacy of its composition, it cannot create our surprise, that it should become so frequently the subject of disease, particularly, when we reflect on the numerous and unavoidable ills, to which it is constantly exposed. The human body consists of different systems, all of which must harmonize and continue for the uninterrupted enjoyment of health. Every interruption of function is a source of disease, and disturbs the general system in proportion to its importance in the animal economy.

In the constitution of the animal

machine; the liver performs no subordinate part; when diseased, one of its main wheels is clogged, upon which it depends for life and health. When we reflect upon the importance of this organ, its connection with the other viscera, the functions it performs in the economy of life, together with the intricate delicacy of its organization, we must necessarily conclude; that it will on many occasions, become the seat of extensive and serious maladies.

An intelligent writer observes "there is perhaps no viscus in the human frame, that is more importantly and critically connected with life and health, than the liver. Its function as a transmitting organ is not less indispensable, than its secreting office. The vast

mass of venous blood that is incessantly passing through it, and the materials, which it furnishes during its transit, for the formation of bile, render it of primary importance in estimating the diseased state of the chylopoietic viscera. The large bulk of the liver, and its comparatively irritable state subject it to frequent incumbrances and occasional obstructions from the quantity of fluids destined to pass through it. The incipient stages of disease, arising from undue vascular fulness of the liver, naturally possessing a low degree of excitability, permits real and often serious derangement of its healthy condition, without its being known by any correspondent sensation, that could denote such commencement of mischief."

The liver is liable to inflammation, which is generally divided by systematic writers into two kinds the acute and chronic

The former we have selected as the subject of our inaugural dissertation. In this treatise, we have endeavoured to describe in a concise manner, first the symptoms, which introduce and characterize the disease; secondly its remote and proximate causes; thirdly its usual terminations; fourthly and finally, the remedies acknowledged to be proper in the different stages.
The inflammation of the liver, generally makes its appearance, with the usual phenomena of pyrexia. Concomitantly or soon afterwards, a pain is felt in the right Hypochondrium, which is rendered more violent and severe on pressure. Not unfrequently, indeed generally the pain extends to the right shoulder. But as an exception I recollect that Doct. Chapman observed in his clinical lecture on the disease, "in women, it is most fre-

quently located in the left shoulder attributed to an inflammation of the left side of the liver. It is attended with dry cough, oppression in respiration, nausea, sickness, often with a vomiting of apparently bilious matter accompanied with considerable fever, great wakefulness, and occasional delirium. The alimentary canal is constipated, properly its lowest part, the stools are ash coloured or yellow owing to a deficiency of bile. The pulse will be found full, hard and strong. The tongue will be loaded with a yellow or dark fur, there is extreme thirst, rejections of thirst, loss of appetite, sometimes hiccup and difficulty of lying on the affected side. Pressure in the vicinity of the liver, in which there is usually some degree of tension, produces an augmentation in the violence of the pain, and a tendency to cough. The urine un-

dergoes an alteration, it is secreted in small quantities and is mostly high coloured. It is occasionally attended with jaundiced coloured skin "owing to the bile, not readily getting into the common duct, by reason of the pressure of the inflamed liver on the ductus biliarius."

The remote causes of this disease cannot always be satisfactorily ascertained; many authors in their fruitless and unavailing attempts to account for every thing, have enumerated and endless variety, some of which are speciously upon a very shallow and uncertain foundation. The following are enumerated as the most prominent causes of the disease. External injuries; injuries of the head; by which the cranium is fractured, certain passions of the mind; violent summer heats; violent

exercise; intemperate use of ardent spirits; various solid concretions or collections of liquid matter in the substance of the liver, produced by unknown causes. We also find that our intermittent and remittent fevers cause its derangement. The acute is sometimes the sequel of the chronic inflammation. It is said also to be produced by worms.

A diversity and discrepancy of opinions have been advanced by authors, relative to the proximate cause of this disease, some conceive that the acute inflammation appears, when the extremities of the hepatic artery are affected, and the chronic when the ramifications of the hepatic vein form the seat of the morbid action.

"The opinion, which I think is entitled to the greatest confidence locates the disease in the external membrane.

It is of very little importance however, which of these opinions is correct, in a practical point. The acute disease may be situated on the convexity or concavity of the surface of the liver each of which is designated by its own peculiar symptoms. In the first case the pain becomes more excruciating and pungent during inspiration owing to a distention of the respiratory organs. It is attended with more fever, the respiration is more difficult, and it more frequently accompanied with singultus

When the inflammation is situated on the concavity of this important organ, it may be distinguished by its being accompanied with gastric uneasiness or vomiting owing to its proximity to the stomach, the latter viscus participating

in the diseased inflammatory action.

The usual terminations of this disease are by resolution suppuration and gangrene. Its termination by resolution is the most salutary, and which should be the chief object and concern of the physician to produce. This generally happens, when the cause producing the disease is not very violent, or where the disease is managed from the commencement with abstroniate remedies. Much however will depend on the constitution of the patient, season of the year, and several adventitious circumstances.

The tendency in the inflammation of the liver to terminate by suppuration may be discovered, by its long continuance without remission or abatement of its symp-

toms. The pain becomes of a pulsatory kind and the arterial circulation becomes fuller, softer and more voluminous. There is also considerable alteration of temperature; the skin, which was previously warm and dry, now becomes cold and the patient is affected with rigors and chills.

The time necessary for suppuration actually to take place is indefinite, dependant on a variety of circumstances, as the constitution and habit of the patient, the cause productive of the disease and its management from the commencement.

When actually established, there is a diminution or total cessation of pain. The patient is affected by oppression, frequently a distinct fluctuation is perceptible, and the redness of the skin partially disappears

If the matter has collected immediately under the skin, forming an abscess, a tumour is discovered painted and prominent. Sometimes a communication is formed, with the liver and thoracic cavity, in consequence of an erosion of the diaphragm and the matter is expectorated. On other occasions an adhesion takes place between the liver and stomach, or colon and finds a passage into the alimentary canal. When the abscess discharges itself, into the abdominal cavity, the case almost invariably terminates fatally. It on one occasion discharged at the umbilicus; the case came under our observation, which from the singularity of it we will describe.— John Traylor, a blacksmith, was attacked with a pain in the right side, which extended

to the shoulder; accompanied by an increase in velocity of the sanguiferous system, considerable increase of temperature, and the usual symptoms of the disease. This case from neglect, or probably from the violence of the disease, terminated by suppuration. It was concluded, by the physicians present, that an abscess formed in the substance of the liver, the peritoneal coat was removed by ulceration, an adhesion formed between the peritoneum and liver which proved an effectual barrier, to the escape of the purulent matter into the peritoneal cavity. The matter then traveled between the peritoneum and fascia transversalis, and formed a tumour to the right of the symphysis pubis which finally opened at the umbilicus. By introducing the

probe, it might be pressed inwards downwards and to the right side. This man contrary to the opinions of the physicians, was perfectly restored to health, by an enlargement of the orifice, the application of poultices and pursuing a tonic plan of treatment. The attending physicians were Doctors Trivatte, Johnston and Ives, all respectable and intelligent graduates of this University.

After a description of the symptoms, causes and termination of this disease; we come next to the consideration of the fourth part of our subject, which treats of the means, by which the symptoms may be removed or alleviated.

In the treatment of acute Hepatitis, the general means for alleviating the advancement of inflammation are to be

rigidly enforced, by the strict employment of the antiphlogistic regimen. The primary object with the physician should be to produce the most favourable termination, which as we before observed is resolution. To fulfil this indication, he should first resort to venisection, and detract blood most copiously, from a large orifice, suffering it to be repeated, however in proportion to the violence of fever, severity of the pain and the effects produced. More advantage will accrue from a plentiful bleeding in the commencement of the attack, than from the same quantity taken at several successive bleedings. Moreover the patient will be more able to bear it, and its beneficial effects will be more evident. After general and copious bleeding, the

more early recourse should be had to revulsion from the part by cupping over the hypochondriac region. This operation should be repeated frequently. There should be no moderation in the symptoms allaying, pain or abatement in their increased vascular action. This is a most critical stage of the disease and immediate demands the most energetic treatment. When cupping is objected to by the patient, it becomes necessary to substitute leeches, encouraging bleeding for some time; should no benefit result from their application, resort again to general bleeding, to suspend the frenzied of the circulation, producing faint rip, can not determine cases; this however must in part be left to the judgment and observation of the practitioner.

Should the inflammation continue to

spread and attack the peritoneum, which may be known by the sensibility of the abdomen, when even gently pressed upon, and the peculiar position in which the patient is generally found; venesection must not be lost sight of, it is our main dependance, our stud anchor, and must be repeated again and again at short intervals, until the disease is disposed to yield. As it is an object of primary importance to produce resolution, we must resort to the whole antiphlogistic regimen. The patient should be particular in his diet which should be light and of the farinaceous kind. Animal food, soup, and every stimulating substance should be strictly prohibited. The thirst should be assuaged by cool drinks acidulated with some vegetable acid. The patient

should be placed in a recumbent position, as agreeable as possible; contrary excluded and the room freely ventilated.

Cooperating with the general treatment already detailed, we must resort to purgatives, a class of medicines almost indispensably requisite in every inflammatory disease. Of the purgatives adapted to the treatment of inflammation of the liver, we have a great variety. But those adapted to its commencement are of the saline class. These substances besides their refrigerant properties seem to produce beneficial effects by the copious discharges of fluids, which they occasion from the secreting mucous surface of the alimentary canal.

Proper doses of calomel and jalap may be administered with decided advantage. It is necessary, however, to guard against

uations daily. Thomson says not only in inflammatory affections but almost in every disease to which the human body is liable, the period of twenty four hours should not be allowed to elapse without a stool." These steps being taken, we recommend warm fomentations to the part affected, to be repeated, when they become cold. If these means do not succeed in moderating the vomiting, a large blister may be applied over the right hypochondriac region, partially covering the epigastric.

Diaphoretics when properly exhibited produce most salutary effects. The antimonial powders or Dover's powders may be given with advantage. The selection of the most appropriate diaphoretics demands particular attention, and none should be administered that is calculated to

increase the phlogistic diathesis, or augment the velocity of the circulation; but on the contrary those which are calculated to reduce the arterial action and calm the irritability of the system. It is necessary to be cautious in the application of a blister. Its application after the sanguiferous system is reduced and the temperature of the skin diminished, is attended with the most beneficial effects, and is productive of the most salutary tendency. But if this be neglected it not only proves nugatory, but aggravates every symptom. The disease is increased in violence and rendered more formidable* After pursuing the course above described for four or five days, and the disease marches on with rapid progress, it becomes necessary to resort to mercury, which is not only to be exhibited internally, but applied locally until it has produced its own peculiar action. The quantity to be applied locally is a drachm

* Dr. Chapman

to be rubbed in every night. If it create much pain or subject the patient to much inconvenience, we may apply it to the groin. For its internal exhibition the blue pill may be prescribed night and morning. When assistance has not been afforded in time, or the means have not succeeded in subduing the inflammation, we must promote the formation of a laudable pus. For which purpose we abandon the antiphlogistic course, support the patient by a nourishing yet digestible diet, administer bark and wine and apply an emolient poultice, which should be removed, when it becomes cold and stiff. The part should be softened by fomentations, and should the tumour point externally, and an evident accumulation of purulent matter, discovered by fluctuation, we should then make an incision and evacuate it externally.

During convalescence attention should be paid to diet, clothing and exercise. — — —